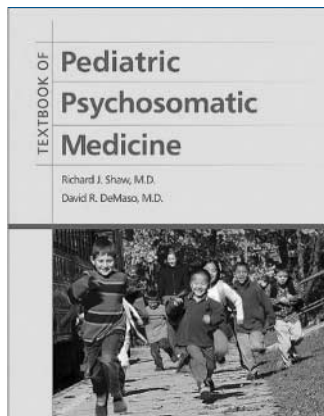


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
and Rosalind Ramsay



Textbook of Pediatric Psychosomatic Medicine

Edited by Richard J. Shaw
& David R. DeMaso.
American Psychiatric Publishing,
2010.
US\$135.00 (hb). 551pp.
ISBN: 9781585623501

Paediatric psychosomatic medicine, or paediatric liaison psychiatry, is at a crossroads in the UK and elsewhere. Is it to be an easy target for cuts or can we convince those in power of its potential to actually save money, not to mention suffering, both now and in the future? In this context a comprehensive textbook whose aim is to articulate the evidence base for the mental health aspects of paediatrics is very welcome. Although the majority of contributors are from the USA, the cultural differences, though present, are not intrusive.

I liked the format of the book, with the scene set by a description of the biopsychosocial model and a rationale for its use. This thread runs through the book resulting in a cohesive approach to a breadth of clinical areas. The focus on referral questions was the most useful area for me, working in paediatric liaison psychiatry; it fills in the gaps in my reading and reassures me that my clinical work is not out of step with the available evidence from national and international colleagues. The chapter on treatment adherence and the subsequent section on specialties and subspecialties should be mandatory reading for paediatricians in training. It helps to understand the psychosocial adjustment and other psychosocial difficulties across a range of conditions, also discussing evidence-based treatments for each.

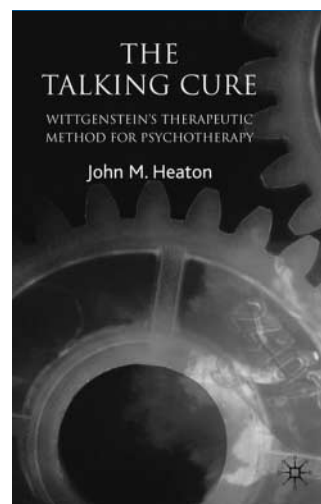
Perhaps it is because treatment issues are so well handled in the individual subsections that I was so disappointed with the more general concluding section on treatment. Being at a crossroads, paediatric liaison psychiatry needs to sell itself and what it has to offer harder. I would also have liked to see attention given to our input into medical systems, particularly our role in containing anxiety in these systems. In truth, although this is often the most valuable and difficult part of our job, it is probably also the hardest to measure. I suspect this lack of evidence is the reason for this absence. The other omission is looking in more detail at chronic fatigue syndrome. Rightly or wrongly, it is a significant part of my clinical work, an area of immense suffering and impairment where mental health professionals, working as part of a multidisciplinary team, can have a significant impact.

In spite of these reservations, I can wholeheartedly recommend this book to any health professional working with children. We need to use what evidence there is regarding

psychosocial management in paediatric conditions and identify areas where evidence is lacking. This book will help us do both.

Katy Auckland Consultant child and adolescent psychiatrist working in paediatric liaison, Royal Hospital for Sick Children, Edinburgh EH9 1LL, UK.
Email: katy.auckland@nhslothian.scot.nhs.uk

doi: 10.1192/bjp.bp.110.084459



The Talking Cure – Wittgenstein's Therapeutic Method for Psychotherapy

By John M. Heaton.
Palgrave Macmillan. 2010.
£57.00 (hb). 240pp.
ISBN: 9780230237612

John Heaton is, among other things, a practising psychiatrist and psychotherapist, a regular lecturer on the Advanced Diploma in Existential Psychotherapy programme at Regents College, London, and a long- and sometime editor of the *Existential Analysis* journal. This is Heaton's third book with Wittgenstein in its title. In it, he applies Wittgenstein's insights to the psychotherapeutic process in all its forms. Heaton's principal thesis is that many of our deepest and most intractable problems find their roots in linguistic confusions and limitations, and are resolved not by the search for causes inherent in the various pseudoscientific doctrines and theories of the mind (such as those of Sigmund Freud and Melanie Klein), but by careful attention to the use of language. This is particularly true in neurosis and psychosis, in which language is used not so much to clarify and communicate as to deceive and obfuscate.

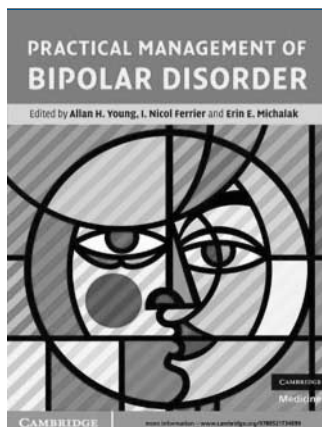
Like all the best things, the talking cure has its roots in the ancient Greece of Socrates and Diogenes the Cynic. Upon being asked to name the most beautiful of all things, Diogenes replied '*parrhesia*' (free speech, full expression), and his intransigently courageous and sometimes delightfully shocking behaviour consistently accorded with this – his – truth. The self-understanding that underlies *parrhesia* is revealed not in reductionist propositions based on questionable pictures of the mind, but in the singular use of language – both by the expression and by its truthfulness. In short, it is revealed not in causes, but in reasons, with all their multiplicities and particularities.

For Wittgenstein as for Heaton, the talking cure is, like philosophy itself, a battle against the bewitchment of intelligence by means of language, for it is not knowledge but understanding that is needed to live an integrated, productive, and, dare I say it, happy life. To date, this important, indeed, devastating, critique has had little or no effect on psychotherapeutic practices, and Heaton's revolutionary book requires, needs, and deserves to be read not only by psychotherapists and psychiatrists but by every

mental health professional. Although the book is not difficult to leaf through, the reader with little more than a scientific background may find it difficult to understand, accept, or come to terms with certain concepts. As the German satirist Georg Lichtenberg tells us, 'A book is like a mirror: if an ape looks into it an apostle is hardly likely to look out . . . he who understands the wise is wise already.'

Neel Burton Visiting academic, Green Templeton College, University of Oxford, Oxford, UK. Email: neel.burton@gtc.ox.ac.uk

doi: 10.1192/bjp.bp.110.082522



Practical Management of Bipolar Disorder

Edited by Allan H. Young, I. Nicol Ferrier & Erin E. Michalak
Cambridge University Press. 2010.
£35.00 (pb). 226pp.
ISBN: 9780521734899

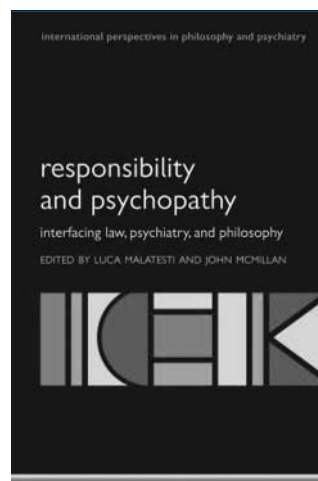
The book provides a broad guide to the current practical management of bipolar disorder, doing what it says on the tin. It clearly lays out available management for the different subgroups of the illness including bipolar I and bipolar II depression. It also highlights the reality of the lack of available evidence for certain aspects, such as bipolar II disorder.

There is plenty of meat looking at psychotropic and psychosocial treatments and a useful and interesting strategy of 'personal medicine', to enhance medication adherence and quality of life. There are treatment algorithms for both bipolar mania and bipolar depression developed from the Canadian Network for Mood and Anxiety Treatments (CANMAT), which provides an alternative to the current UK National Institute for Health and Clinical Excellence guidelines. The two documents have differing second- and third-line strategies but appear to be similar in principle. Some more detail on switching medication may be a useful addition, as multiple psychotropics are common in bipolar illness.

Generally, the sections are well laid out and there are full chapters on particular groups including older adults, adolescents and women of reproductive age; however, clearer information on medication in pregnancy and breastfeeding can be found in the Maudsley prescribing guidelines. Individual aspects that are covered in depth include physical health, anxiety, substance misuse and sleep. There are specific strategies for the management of sleep as it is both a marker of relapse and has been implicated in the aetiology and course of bipolar disorder. Overall, this is a useful complementary text for an illness which is complex to both diagnose and manage.

Peter Curtis ST6 psychiatry, South London and Maudsley Mood and Anxiety Disorder Clinical Academic Group, North Lambeth Community Mental Health Team, 190 Kennington Lane, London SE11 5DL, UK. Email: jackpeteuk@yahoo.com

doi: 10.1192/bjp.bp.110.084392



Responsibility and Psychopathy: Interfacing Law, Psychiatry and Philosophy

Edited by Luca Malatesti & John McMillan.
Oxford University Press,
International Perspectives
in Philosophy and Psychiatry
series. 2010.
£34.95 (pb). 340pp.
ISBN: 9780199551637

If psychopaths did not exist, philosophers would have invented them. This book explores the moral questions raised by the existence of individuals whose moral emotions seem to be reduced or absent. The authors start from the premise that, long before the work of Robert Cleckley and Hervey Hare, philosophers interested in moral judgement have experimented with the idea of a person with no feelings and no empathy for others. What sort of moral judgements would they make? Would they be 'moral' at all? And if a person did exist who was persistently and incorrigibly cruel, how should we (the society affected by these people) respond to them morally?

Both philosophers and psychopathy researchers have attempted to answer these questions; and this rich book is a compilation of their answers. The book combines together essays from lawyers, psychologists and philosophers; Luca Malatesti and John McMillan have an established track record in making these collaborations fruitful, and the contributions in this book are clear and lucid. I particularly recommend the chapters by Robert Hare and colleagues, and one by Antony Duff who offers a welcome follow-up to a previously influential paper published in 1977.

I recommend this book for anyone who has an interest in the effect of mental disorders, especially personality disorders, on moral reasoning. It offers an interesting consensus view about the moral responsibility of psychopaths; namely, that because (Hare) psychopaths have emotional reasoning deficits, they should not be held responsible for their actions, and should therefore not be punished. I have no quarrel with this conclusion particularly; but I thought the argument would have been stronger if there had been more human material from those people called 'psychopaths'. There is an irony here that if we treat them as pure objects of study, and not as people with voices (albeit disturbing ones), then we become, as it were, psychopathic. It was the depth and thickness of Cleckley's clinical descriptions that stimulated the research into psychopathy that is the basis for this book; and I missed such descriptions in this work.

There is another point that needed more emphasis. Neither the word 'evil' nor 'violence' appears in the index of Cleckley's original work on psychopathy. It is Robert Hare and his group who have identified a subgroup of violent offenders who are persistently cruel and violent, and who better fit the stereotype of psychopathy beloved of philosophy and movie-goers alike. The people we think of as 'Hare' psychopaths are a minority of violent offenders, let alone criminals: not all violent criminals are psychopaths, and hardly any non-violent criminals. None of the men at the Wannsee conference in 1941 who planned the Final Solution would score highly on Hare's Psychopathy Checklist. We